Testimony by Travis T. Tygart
Chief Executive Officer
U.S. Anti-Doping Agency
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HR 1754 Horseracing Integrity Act
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Chair Schakowsky, Ranking Member McMorris Rodgers, Members of the Committee, thank you for holding this important hearing on the Horseracing Integrity Act. My name is Travis T. Tygart, and I am the CEO of the United States Anti-Doping Agency (USADA). I would like to take this opportunity to provide a brief response to the misinformed points raised in the written testimony of Ed Martin and Dr. Kathleen Anderson submitted for this hearing.

First, the opinion shared by Mr. Martin and Dr. Anderson that USADA's involvement with therapeutic medication exemptions in Olympic testing necessarily means that USADA would allow such therapeutic use exemptions in horse racing is completely unfounded and inaccurate. This is a red herring, as the rules for humans in our Olympic program are not the rules that would be enforced if we were involved with anti-doping and medication control as contemplated in the Horseracing Integrity Act (HIA).

In the human context for our Olympic program, USADA, like hundreds of other World Anti-Doping Agency (WADA) Code signatories around the world, is bound to follow the rules of the WADA Code and its International Standards. The International Standard for Therapeutic Use Exemptions (TUEs) allows for human athletes who have a well-documented acute or chronic illness to use otherwise permitted medications if, and only if:

a. There is no reasonable alternative to treat the illness that is not prohibited;

b. The use of the medication **would not result in any performance enhancement**; and,

c. An independent medical committee makes the determination based on the athlete's medical record and any further investigation the independent medical reviewer might request.

The Olympic world and all other human sport that I am aware of (including the MLB, NFL, NBA, NHL, PGA Tour) allow TUEs, in very limited circumstances, to ensure the health of athletes in this manner. Out of 538 Olympic athletes representing the U.S. at the 2016 Rio Summer Olympic Games, only 2.6% had an approved TUE, of which both World Anti-Doping Agency (WADA) and the International Olympic Committee were notified. For example, it would be absurd if a human athlete needed an IV infusion during surgery and was not permitted to have it for fear of running afoul of anti-doping rules. Same would be true if a junior swimmer were not permitted to use his or her attention deficit (a disease protected under the Americans with Disabilities Act) medication without being sanctioned when evidence is that these medications diminish performance if you have the medical need to use them.

Quite simply, Mr. Martin's and Dr. Anderson's written statements on USADA and TUEs are not based in fact and are meant to distract rather than inform. Dr. Anderson's statement that "[I]f you are a javelin thrower and your shoulder is painful you can have it injected with corticosteroids, or even have it blocked with mepivacaine" betrays a total lack of understanding of how the WADA TUE process works. What is most disturbing by these misinformed statements, however, is the attempt to disparage and defame the good reputation of our U.S. Olympic team members by suggesting that when they follow the proscribed rules they are somehow not competing fairly. These small number of exemptions are disclosed to WADA, which can appeal the granting of the TUE if they are not strictly in accordance of the International Standard for TUEs or if there is any question whether the athlete would gain any performance enhancement from using the medication.

In the horse racing context, USADA will enforce whatever rules and procedures are ultimately put in place to govern the sport of horse racing. The Horseracing Integrity Act provides that upon passage of the bill, the current prohibited and permitted medication lists of the National Uniform Medication Program would apply unless and until modified. Those rules do not allow for TUEs (other than Lasix) so no TUEs would be allowed (since the bill precludes the use of race day Lasix). Arguments to the contrary are merely a smokescreen.

Second, Mr. Martin's and Dr. Anderson's suggestions that USADA would be ineffective in overseeing drug testing in horse racing because states currently do more testing is nonsensical. Under the HIA, the newly created Horseracing Anti-Doping Authority would rely at the onset on the existing infrastructure where it exists. This is exactly what USADA did when it was created in October 2000; namely, we used the then Olympic collectors and laboratories. Of course, the quality and uniformity of any existing infrastructure would have to be ensured. In the event that the current collectors, laboratory analysis or any other aspect of the current piecemeal approach to anti-doping and medication control is not at the standard to effectively deter and detect doping, then this current infrastructure would necessarily change, as it should. Any suggestion that USADA would be using its own lab to handle the hundreds of thousands of tests required to handle the testing envisioned in this bill is intentional obfuscation. The two independent WADA-accredited laboratories in the U.S. currently do not undertake equine testing programs.

Finally, to address Dr. Anderson's question about why USADA does not handle the Equestrian Sports testing on horses for the Olympics, the simple answer is that we haven't been asked. USADA's Congressional authorization was designed to "apply to U.S. Olympic, Paralympic, and Pan American athletes across nearly 50 national sports organizations that are already under the USOC's and, thus, USADA's jurisdiction."[1]

Thank for your work on the critical issue of ensuring integrity and safety in the sport of horse racing. USADA is in full support of this legislative effort, and we urge the committee to quickly pass the Horseracing Integrity Act.

[1] United States Anti-Doping Agency Reauthorization Act, Senate Report No. 113-281 (2014), pg. 3.